



General Assembly

February Session, 2016

Raised Bill No. 435

LCO No. 2925



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:
(INS)

***AN ACT CONCERNING HEALTH CARRIERS' USE OF CLINICAL
PATHWAYS AND HEALTH INSURANCE COVERAGE FOR SERVICES
RENDERED BY A CHIROPRACTOR.***

Be it enacted by the Senate and House of Representatives in General
Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2016*) (a) As used in this
2 section:

3 (1) "Clinical pathway" means a structured plan of care for a defined
4 group of patients with a particular disease or condition or who are
5 undergoing a particular medical procedure or service, that is used by a
6 health carrier to manage quality of care, standardize care processes or
7 reduce or contain health care costs;

8 (2) "Clinical practice guideline" means a recommendation for the
9 performance or exclusion of a specific medical procedure or service,
10 that is intended to optimize patient care and is derived through a
11 systematic review of evidence and an assessment of the benefits and
12 harms of alternative care options;

13 (3) "Covered person" has the same meaning as provided in section

14 38a-591a of the general statutes;

15 (4) "Financial incentive" means any monetary contribution or in-
16 kind contribution or service or other thing of value, including, but not
17 limited to, payment for the utilization of a clinical pathways program
18 in medical decision-making, payment for using or not using a clinical
19 pathway, eligibility to share in cost savings resulting from adherence
20 to a clinical pathway or a health carrier's policy of considering a
21 prescribing practitioner's participation in the health carrier's clinical
22 pathways program, or lack thereof, in connection with such health
23 carrier's decisions about terminating or renewing such prescribing
24 practitioner's network participation;

25 (5) "Health carrier" has the same meaning as provided in section
26 38a-591a of the general statutes;

27 (6) "Participation in a clinical pathways program" means a
28 prescribing practitioner's inclusion of formal consideration of a clinical
29 pathway adopted for use by the health carrier in a therapeutic area;

30 (7) "Prescribing practitioner" has the same meaning as provided in
31 section 20-571 of the general statutes and is in-network; and

32 (8) "Therapeutic area" means the disease, condition or particular
33 procedure addressed by a clinical pathway.

34 (b) (1) Each health carrier that adopts the use of a clinical pathway
35 or clinical pathways program shall:

36 (A) Ensure that each clinical pathway was developed in accordance
37 with the following:

38 (i) The clinical pathway was developed by (I) a multidisciplinary
39 group of actively practicing physicians with clinical expertise in the
40 therapeutic area, or (II) an organization generally recognized within
41 the relevant medical community as a body with clinical expertise in the
42 therapeutic area. A health carrier may collaborate with prescribing

43 practitioners to include clinical pathways that are already established
44 or integrated into such prescribing practitioners' treatment patterns,
45 provided any such clinical pathway is in compliance with the
46 requirements of this subparagraph;

47 (ii) Prior to finalization, the clinical pathway was reviewed and
48 endorsed by a formal, identified review panel of which (I) all panel
49 members are actively practicing physicians within their respective
50 medical specialties, and (II) a majority of panel members are board
51 certified physicians in the relevant medical specialty; and

52 (iii) Prior to finalization, the clinical pathway was subject to an
53 opportunity for (I) review by stakeholders, including, but not limited
54 to, prescribing practitioners and their professional societies, medical
55 institutions or organizations, patients, patient advocacy groups and
56 pharmaceutical and medical device manufacturers, and (II) public
57 input to be considered in finalizing such clinical pathway;

58 (B) Ensure that each clinical pathway specifies that (i) a prescribing
59 practitioner participating in a clinical pathways program should make
60 recommendations concerning the treatment, management or
61 prevention of the relevant disease or condition for a specific patient in
62 accordance with such prescribing practitioner's clinical judgment and
63 the individual patient's needs, preferences and medical circumstances,
64 including the use of any information provided by companion
65 diagnostics or other diagnostic technologies, and (ii) such clinical
66 pathway is not intended for use along with any financial incentive for
67 a prescribing practitioner to adhere to specific treatments within the
68 clinical pathway except in accordance with the provisions of
69 subparagraph (B) of subdivision (2) of this subsection;

70 (C) (i) Review and update, as appropriate, but not less than
71 annually, each clinical pathway, except if a clinical pathway's
72 therapeutic area is subject to rapid changes or a major development
73 occurs in such therapeutic area, the health carrier shall review and

74 update such clinical pathway on a more frequent regular basis, (ii)
75 establish and maintain a procedure by which prescribing practitioners
76 may seek a review or an update of a clinical pathway when a new
77 treatment option becomes available, and (iii) disclose such procedure
78 to prescribing practitioners; and

79 (D) Provide prescribing practitioners with reasonable and readily
80 available access to each clinical pathway.

81 (2) No health carrier shall:

82 (A) Adopt a clinical pathway that hinders education, research,
83 patient screening or patient access to clinical trials;

84 (B) Use a clinical pathway in conjunction with a financial incentive
85 that is offered or provided to a prescribing practitioner and requires
86 such practitioner to adhere to specific treatments within the clinical
87 pathway for over eighty per cent of such practitioner's patients, unless
88 (i) the health carrier maintains a procedure by which a prescribing
89 practitioner may opt out from such adherence target when a new
90 treatment becomes available but such clinical pathway has not yet
91 been reviewed and updated to account for the new treatment, (ii) the
92 health carrier maintains a program to track and evaluate health
93 outcomes from such adherence target, and (iii) the health carrier has
94 disclosed to prescribing practitioners the procedures described under
95 subparagraphs (B)(i) and (B)(ii) of this subdivision; or

96 (C) Offer or provide a financial incentive that rewards a prescribing
97 practitioner for selecting a specific treatment, procedure or clinical
98 pathway.

99 (c) Each health carrier that adopts the use of a clinical pathway shall
100 make publicly available for each such clinical pathway:

101 (1) The scope of the clinical pathway, including the therapeutic area
102 covered by such clinical pathway and any limitations on the patient

103 population or treatment setting for which the clinical pathway was
104 designed or other limitations on the scope of such clinical pathway;

105 (2) The key clinical features of the clinical pathway, including the
106 decision-making steps and key treatment recommendations to be
107 made at each step;

108 (3) The names, qualifications and any conflicts of interest of the
109 physicians or organization that, pursuant to subparagraph (A) of
110 subdivision (1) of subsection (b) of this section, developed the clinical
111 pathway;

112 (4) A listing of all panel members who participated in the review of
113 such clinical pathway pursuant to subparagraph (B) of subdivision (1)
114 of subsection (b) of this section. Such listing shall include the
115 institutional affiliations, medical specialties and any conflicts of
116 interest of such panel members;

117 (5) The sources of evidence on which the clinical pathway is based.
118 If the clinical pathway is based in part on a clinical practice guideline
119 or similar document with recommendations on treatment,
120 management or prevention of a particular disease or condition, but
121 such clinical pathway uses a more narrow set of items or services than
122 the underlying clinical practice guideline or similar document, the
123 individuals or organization that developed the clinical pathway shall
124 identify the differences between such clinical pathway and the
125 underlying clinical practice guideline or similar document and explain
126 why the clinical pathway excludes particular items or services;

127 (6) A narrative summarizing the evidence on which the clinical
128 pathway is based, including important issues the physicians or
129 organization considered in interpreting the evidence and developing
130 such clinical pathway; and

131 (7) Information on the process for and timing of the health carrier's
132 review and update of clinical pathways as required under

133 subparagraph (C) of subdivision (1) of subsection (b) of this section.

134 (d) Each health carrier that offers or provides a financial incentive to
135 prescribing practitioners for participation in a clinical pathways
136 program shall disclose to prospective covered persons, and annually to
137 its covered persons and the Insurance Department, information about
138 the clinical pathways such health carrier uses and any financial
139 incentive such health carrier offers or provides to prescribing
140 practitioners for participation in the health carrier's clinical pathways
141 program. Such information shall include (1) a summary describing the
142 clinical pathways used by the health carrier, (2) a statement that
143 prescribing practitioners are offered a financial incentive to consider
144 treatment for their patients in accordance with such clinical pathways,
145 (3) for each clinical pathway for which the health carrier offers or
146 provides a financial incentive to a prescribing practitioner, a
147 description of such financial incentive or the manner in which amounts
148 for shared cost savings are determined, (4) the Internet web site
149 address where, or the process by which, a prospective covered person
150 or a covered person may access the information set forth in subsection
151 (c) of this section, (5) a specific description of the appropriate use
152 criteria of each clinical pathway and a statement that the health
153 carrier's practices concerning such clinical pathway conform to such
154 appropriate use criteria, (6) the procedures by which a prescribing
155 practitioner may opt out of a health carrier's adherence target pursuant
156 to subparagraph (B) of subdivision (2) of subsection (b) of this section,
157 and (7) contact information for prospective covered persons and
158 covered persons to obtain additional information about the clinical
159 pathways used, the financial incentives offered or provided or the
160 prescribing practitioners to whom such financial incentives are offered
161 or provided, by the health carrier.

162 (e) Nothing in this section shall be construed to affect any of the
163 rights afforded a covered person or a covered person's authorized
164 representative under sections 38a-591a to 38a-591g, inclusive, of the
165 general statutes.

166 Sec. 2. Section 38a-507 of the general statutes is repealed and the
167 following is substituted in lieu thereof (*Effective January 1, 2017*):

168 Each individual health insurance policy providing coverage of the
169 type specified in subdivisions (1), (2), (4), (6) and (11) of section 38a-
170 469, delivered, issued for delivery, renewed, amended or continued in
171 this state shall provide coverage for services rendered by a
172 chiropractor licensed under chapter 372 to the same extent coverage is
173 provided for the same or comparable services rendered by a physician,
174 if such chiropractic services (1) treat a condition covered under such
175 policy, and (2) are within those services a chiropractor is licensed to
176 perform. Services covered under such policy and rendered by a
177 chiropractor shall be subject to terms and conditions that are no less
178 favorable than when such services are rendered by a physician.

179 Sec. 3. Section 38a-534 of the general statutes is repealed and the
180 following is substituted in lieu thereof (*Effective January 1, 2017*):

181 Each group health insurance policy providing coverage of the type
182 specified in subdivisions (1), (2), (4), (6) and (11) of section 38a-469,
183 delivered, issued for delivery, renewed, amended or continued in this
184 state shall provide coverage for services rendered by a chiropractor
185 licensed under chapter 372 to the same extent coverage is provided for
186 the same or comparable services rendered by a physician, if such
187 chiropractic services (1) treat a condition covered under such policy,
188 and (2) are within those services a chiropractor is licensed to perform.
189 Services covered under such policy and rendered by a chiropractor
190 shall be subject to terms and conditions that are no less favorable than
191 when such services are rendered by a physician.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2016</i>	New section
Sec. 2	<i>January 1, 2017</i>	38a-507
Sec. 3	<i>January 1, 2017</i>	38a-534

Statement of Purpose:

To (1) establish requirements for clinical pathways used by health carriers, (2) specify the disclosures required regarding such clinical pathways, health carriers' use of such clinical pathways and financial incentives offered or provided by health carriers to prescribing practitioners for participation in a clinical pathways program, and (3) require health insurance policies to subject covered services rendered by a chiropractor to terms and conditions that are no less favorable than when such covered services are rendered by a physician.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]